

bit No. *1077*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, the undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

of Death, *April 6th 1877*
Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Bessie Bailey*
Male or Female, { Cross out the word not required in this line. } *Female*
1 Years, *9* Months, *10*
Color Sex, *Female*
ed, Single, Widowed or ~~Widower~~, { Cross out the words not required in this line. }
ation, *Infant*
place, { State or country (and how long in the United States, if of foreign birth. } *Baltic City*
tion of Residence in the City of Baltimore, *All life*
of Death, { Give street and number. } *Pimlico, Balt. Co*
of Death, { First (Primary,) *Congestion of Lungs*
{ Second (Immediate,)
tion of Last Sickness, *3 days*
All the above information should be furnished by the Physician.
of Burial, *Home Cemetery* *J. Gibman* Medical Att
of Burial, *Apr. 7 1877*
Undertaker, *Wm. H. Bishop Jr* Address
Place of Business, *103 South Hill Ave.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to send, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate, in writing, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

following additional information is requested in relation to the cause of death enumerated below.

ASM—Mode of Death.
PIN. MENINGITIS—Variety, whether epidemic or simply Inflammatory.
BIRTH—Circumstances producing Death.
—Variety and Seat.
US—Mode of Death.
ION—Mode of Death.
OF HEART—Variety. Valves involved.
—Variety and cause.
TIS AND GASTRO ENTERITIS—Cause. Whether Diarrhoeal or not.
ELAS—Seat and Cause.
RES—Cause and Mode of Death.
ENE—Seat and Cause.
TIS—Cause.
A—Variety and Mode of Death.
RY—Variety and Mode of Death.
CE—Cause and Mode of Death.
ACUTE—Cause and Mode of Death.
RIACE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.
MALFORMATION—Variety.
METRITIS—Variety and Cause.
NECROSIS—Seat. Cause and Mode of Death.
OVARIAN TUMOR—Mode of Death.
PARALYSIS—Variety and Cause.
PERITONITIS—Cause.
PHLEBITIS—Cause.
PYEMIA—Cause. Nature of Injury, if any.
PREMATURE BIRTH—Cause. Fœtal age.
PRETERNATURAL BIRTH—Manner of.
SYPHILIS—Variety, Chief Location and Mode of
TETANUS—Nature of Injury, if any.
ULCER—Nature, Chief Location and Mode of Death.
WOUNDS—Cause, Variety, Seat and Mode of Death.
ABSCESS—Cause, Location and Mode of Death.
Specify every Surgical operation with fatal result.
Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of death.

JAMES A. STEUART, M. D.
Commissioner of Health and Registrar

Loare Bailey

Town

County

Died at Chestertown

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 189

May 11

Age

14 - -

Chestertown

None

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

John Bailey

Mother's

Name

Bailey

Cause of

Primary

Magnified Hypertension 48

How long sick

3 days

Death

Immediate

Exhaustion from Convulsions

Accident, Suicide, Homicide

Reported by

Address

Heaton
Chestertown MdPhysician
over

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

By request

Abraham,
in pursuit of the same

Doyle

Name
in
Full

Emma Grace Bailey

CERTIFICATE OF DEATH

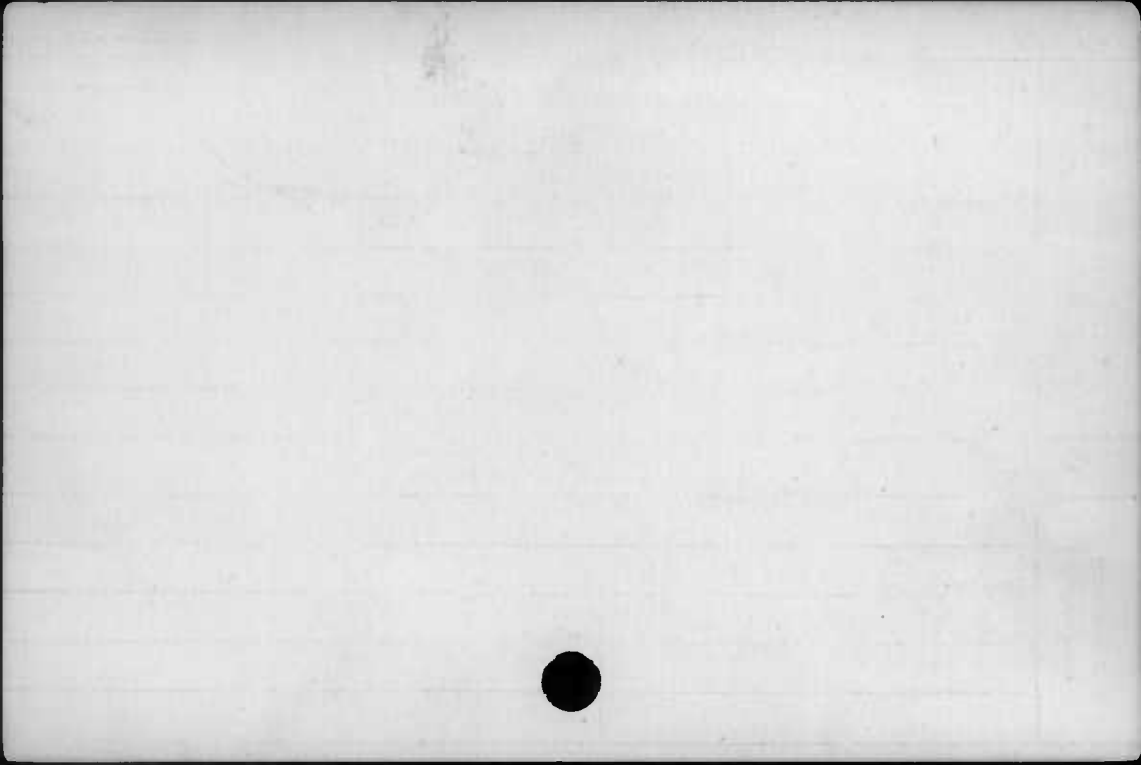
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Hagerstown		Washington		MARYLAND	
Date of death		1877	February	5	Age	one	month - 12
Sex		female		Color or Race		white	
Occupation				Birth-place		Hagerstown	
Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Samuel E. Bailes -				Father's Birthplace	
Mother's Maiden Name		Mary E. Erdek				Mother's Birthplace	
Name of person giving information		E. A. Bailey				How related to deceased	
						brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	Membranous Croup, two days -
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

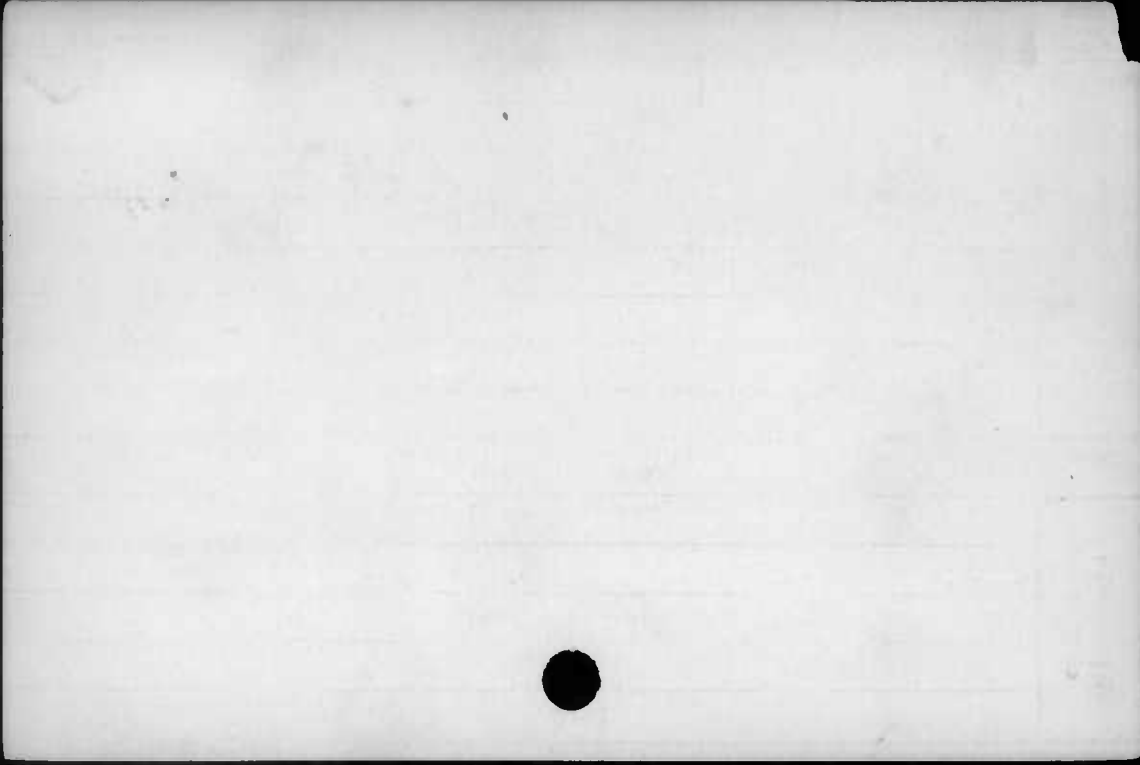
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Rebecca Blain Bailey</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at		Month <i>August</i>		Day <i>16</i>		Age Years <i>2</i> Months <i>13</i> Days	
Date of death <i>1866</i>		Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Hagerstown</i>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Samuel Egolf Bailey</i>				Father's Birthplace <i>Carlisle, Pa.</i>			
Mother's Maiden Name <i>Mary B Erndel</i>				Mother's Birthplace <i>Hagerstown</i>			
Name of person giving information <i>E. A. Bailey</i>				How related to deceased <i>brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Opnynma-</i>	How long
Immediate	<i>Opnynma</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		



TO BE ANSWERED BY
NEAREST FRIEND

Samuel Egolf Bailey

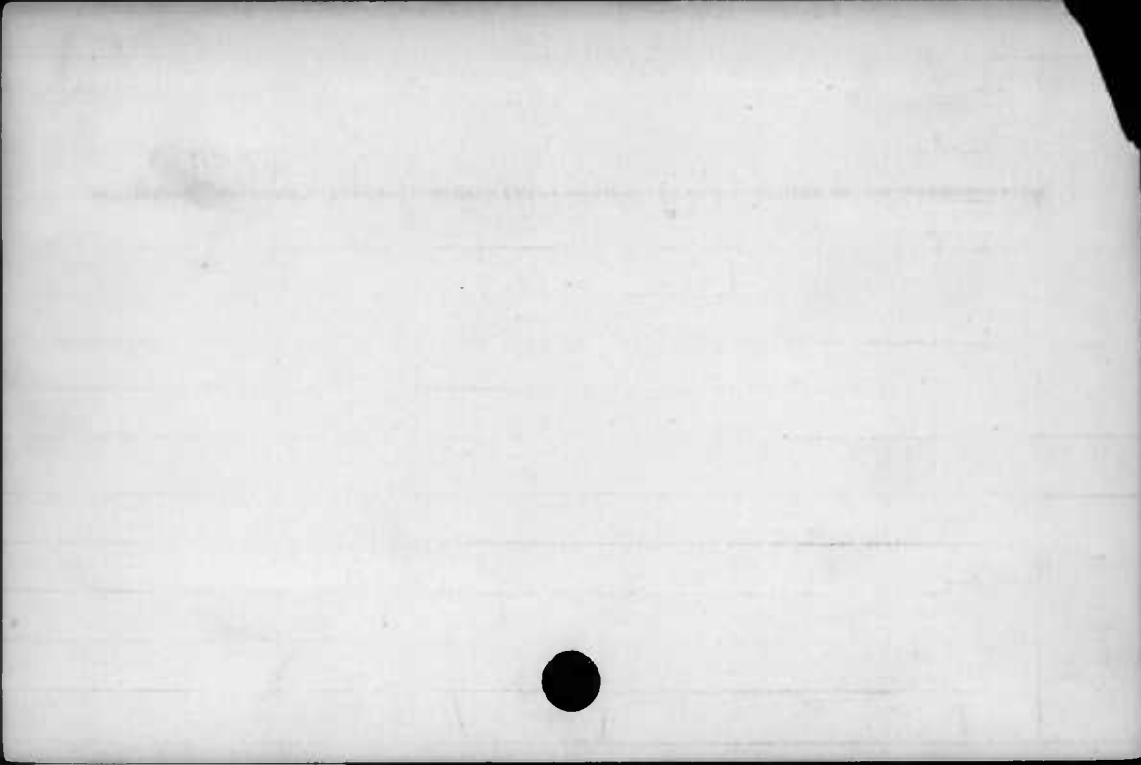
CERTIFICATE OF DEATH

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1879</i>	<i>March</i> ^{Month}	<i>1st</i> ^{Day}	Age <i>36</i> ^{Years}	<i>7</i> ^{Months}	<i>13</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Carlisle, Pa.</i>		
Occupation <i>Carpenter</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Mary S. Bailey</i>				
Father's Name <i>Daniel Bailey</i>	Father's Birthplace <i>Carlisle, Pa.</i>				
Mother's Maiden Name <i>Egolf</i>	Mother's Birthplace <i>Carlisle, Pa.</i>				
Name of person giving information <i>E. A. Bailey</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Dysentery</i>	How long
Immediate <i>Consumption</i>	How long <i>about one year</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name in Full

Certificate of Death

Willis B. Baker

Town

County

Died at Sparrows Point

Baltimore

MARYLAND

Date 1898 Jan. 13th

Month Day

Age 23. Y. M. D.

Native of Maryland

Occupation Electrician

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living none

Husband of Dont know wifes name

Father's Name Dont know

Mother's Name Dont know

Cause of Death { Primary Immediate Electrocuted.

152a

How long sick

Death immediate

Accident, Suicide, Homicide

Reported by J. S. Woodward M.D.

Address Sparrows Point Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Mr Baker lived in Baltimore
2104 Jefferson St.

where he has a wife. No
one down here knows him

Name in Full

Certificate of Death

Robert E Ball

Died at *Princess Anne* Town *Somerset Co* County *MARYLAND*

Date 189 *March 31* Month *March* Day *31* Y. *2* M. *22* D. *Somerset* Native of *Somerset* Occupation
 Male *White* White Married Widow Divorced
 Female *White* Colored Single Widower Number of children living

Husband of *C. C. Ball*

Wife *C. C. Ball*
 Father's Name *C. C. Ball*

Mother's Name *Bertha H. Ball*

Cause of { Primary *Caused by fire*

How long sick

one day

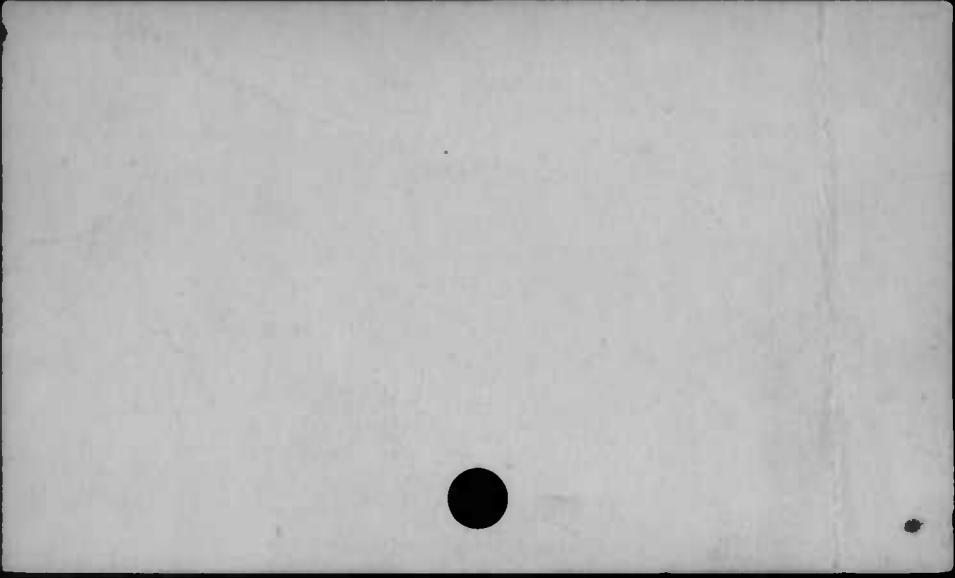
Death { Immediate ☒

☒ Accident, Suicide, Homicide

Reported by *C. M. Haskill & Bros*

Address *Mt Vernon* *Somerset Co Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister



Name in Full

Certificate of Death

Henry Barber

Town

County

Died at *Mar 1888*

MARYLAND

Month		Day	Y.	M.	D.	Native of		Occupation
Date 19	<i>28</i>	<i>Feb</i>	<i>28</i>				<i>St Michaels</i>	<i>Laborman</i>
Male		<i>White</i>		<i>Married</i>		<i>Widow</i>	<i>Divorced</i>	
Female		<i>Colored</i>		<i>Single</i>		<i>Widower</i>	<i>Number of children living</i>	<i>9</i>

Husband of *Lillian Herbert*

Father's Name	Mother's Maiden Name
<i>Samuel Barber</i>	<i>Hennetta Steward</i>

Cause of Death	How long sick
Primary <i>Bright's kidney disease</i>	<i>10 yrs</i>
Immediate <i>old age & general debility</i>	Accident, Suicide, Homicide

Reported by *St. J. Louis M.D.*Address *Henry, at Orange St Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

*maie**Lathame Barrett*

Town

County

Died at

*Lutherville**Baltimore*

MARYLAND

Date 19

Month Day
Oct 26

Age

Y. M. D.
9 9

Native of

Maryland

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

~~*James J. Barrett*~~*Thomas J. Barrett*

Mother's

Sarah Catharine Barrett

Maiden Name

Primary *Obstruction of Bowels*How long sick *10*
*days*Immediate *Heart failure*~~Accident, Suicide, Homicide~~*Wm C Brooks 108**2nd Antares Philadelphia*



Name in Full

Certificate of Death

Ed Barrett

Died at *Sparrow's Point* - *Baltimore* *MARYLAND*
 Town County

Date 19 *1918* Month *10* Day *10* Age *8* Y. *8* M. *8* D. *8* Native of *MD* Occupation *MD*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Divorced ☐ Number of children living *0*

Husband of *Ed Barrett*

Wife *Ed Barrett* Mother's Name *Ed Barrett* Maiden Name

Cause of Death { Primary *Influenza* Immediate *Convulsions* How long sick *2 days* Accident, Suicide, Homicide

Reported by *Ed. Barrett MD*

Address *Sparrow's Point, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Infant of M. H. Barrett

Town

County

Died at

Rock Hill

Howard

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Apr 15

Age

3

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

William H. Barrett

Mother's
Name

Kate Barrett

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Wm H. Barrett

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

Charles R. Egan

of *Elk Ridge*

Name in Full

Certificate of Death

Edward Barry

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1891

Male

White

~~Married~~~~Widow~~

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

none

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Death

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Margaret Basil

Town

County

Died at

Annapolis A.A.Co.

MARYLAND

Date 189 8 ^{Month} July ^{Day} 22 ^{Y.} 13 ^{M.} — ^{D.} — ^{Native of} Annapolis ^{Occupation} house wif
~~Male~~ White Married Widow Single Widower Number of children living 6
~~Female~~ Colored Single Widower

~~Husband~~

of

Jos. S. M. Basil Sr.

Wife

Father's

Name

Mother's

Name

Cause of Primary Removements 2 years ^{How long sick}
 Death Immediate " ^{Accident, Suicide, Homicide}

Reported by

H. R. Walter - Annapolis Md.

Address

Wells for record
July 5th 1898.

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Harford Registration Dist. No. _____
 Village or City Shut No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

KENNEDY BAY
 (a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Mary Anne Bay</u>		
6. DATE OF BIRTH (month, day, and year) <u>Oct. 19, 1825</u>		
7. AGE Years <u>72</u>	Months <u>5</u>	Days <u>27</u> If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
	10. Date deceased last worked at this occupation (month and year) _____	
	11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (city or town) <u>Harford Co. Md</u> (State or country)		
FATHER	13. NAME <u>William Bay</u>	
	14. BIRTHPLACE (city or town) <u>Harford Co. Md</u> (State or country)	
MOTHER	15. MAIDEN NAME <u>Sallie Foster</u>	
	16. BIRTHPLACE (city or town) <u>Harford Co. Md</u> (State or country)	
17. INFORMANT <u>Rosa Bay</u> (Address) <u>2301 Mich. St. Balt. Md</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Highland Church</u> Date <u>April 19, 1898</u>		
19. UNDERTAKER <u>Huff & Treckle</u> (Address) <u>Shut, Md</u>		
20. FILED _____, 19____ Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH <u>April 16, 1898</u> (Month) (Day) (Year)	22. I HEREBY CERTIFY, That I attended deceased from <u>April 7, 1898</u> , to <u>April 16, 1898</u> . I last saw him alive on <u>April 16, 1898</u> ; death is said to have occurred on the date stated above, at <u>6 P.</u> m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: <u>Lobar Pneumonia following influenza</u> Date of onset _____
Other Contributory Causes of importance: _____	
Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____	
23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
Manner of Injury _____ Nature of Injury _____	
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>A. E. Atwater</u> M. D. (Address) <u>Leandiff, Md</u>	

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Name in Full

Certificate of Death

Howard J. Baynard

Town

County

Died at

Brimmelle Queen Anne Co

MARYLAND

Date 19

Aug. 24

Age

1, 11.

Native of

Md

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Richard Baynard

Mother's

Maiden Name

Mary Blake

Cause of

Primary

Death

Immediate

Bilious Fever

How long sick

1 Day

Accident, Suicide, Homicide

Reported by

Lawson + Whitely

Address

Cantreville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

No Doctor
Information from
Richard Baynard
Borisville {Father}
Md

Name
in
Full

Thomas Beamer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death		1889	Nov	8	Age	2	
Sex	male	Color or Race	colored	Birth-place	Hagerstown Md		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		single		Name of Wife or Husband			
Father's Name		Adam Beamer		Father's Birthplace		Pruden Co Va	
Mother's Maiden Name		Lucinda Beamer		Mother's Birthplace		Pruden Co Va	
Name of person giving Information		Lucinda Beamer		How related to deceased		mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide	

96

Mary Ellen Beard

Town

County

Died at

Tawson

Buck

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

82

30

Age

1

6

-

Old

-

~~Male~~~~White~~

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Infant

Wife

Father's

Name

John Beard

Mother's

Name

Ella Beard

Cause of

Primary

Scrofula

23

How long sick,

from work

Death

Immediate

Accident, Suicide, Homicide

Reported by

Benj. Hicks - Undertaker

Address

Tawson Md

Seen by Coroner _____
of _____

Attended by Dr. None
of _____

Information contained in this certificate re-
ceived from Parents
of the child

Name in Full

Certificate of Death

May S. Beck -
~~Chenault~~

Town

County

Died at

Near Chenault Wash. Co.

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Apr. 15

Age

25 4 5

Ind. Collector

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Sam. Beck

Mother's

Name

Catherine Shealey

Cause of

Primary

Tuberculosis

How long sick

5 mos.

Death

Immediate

22a

Accident, Suicide, Homicide

Reported by

Dr. J. M. Stick

Address

Smithsburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

RAYMOND W BECK

CERTIFICATE OF DEATH

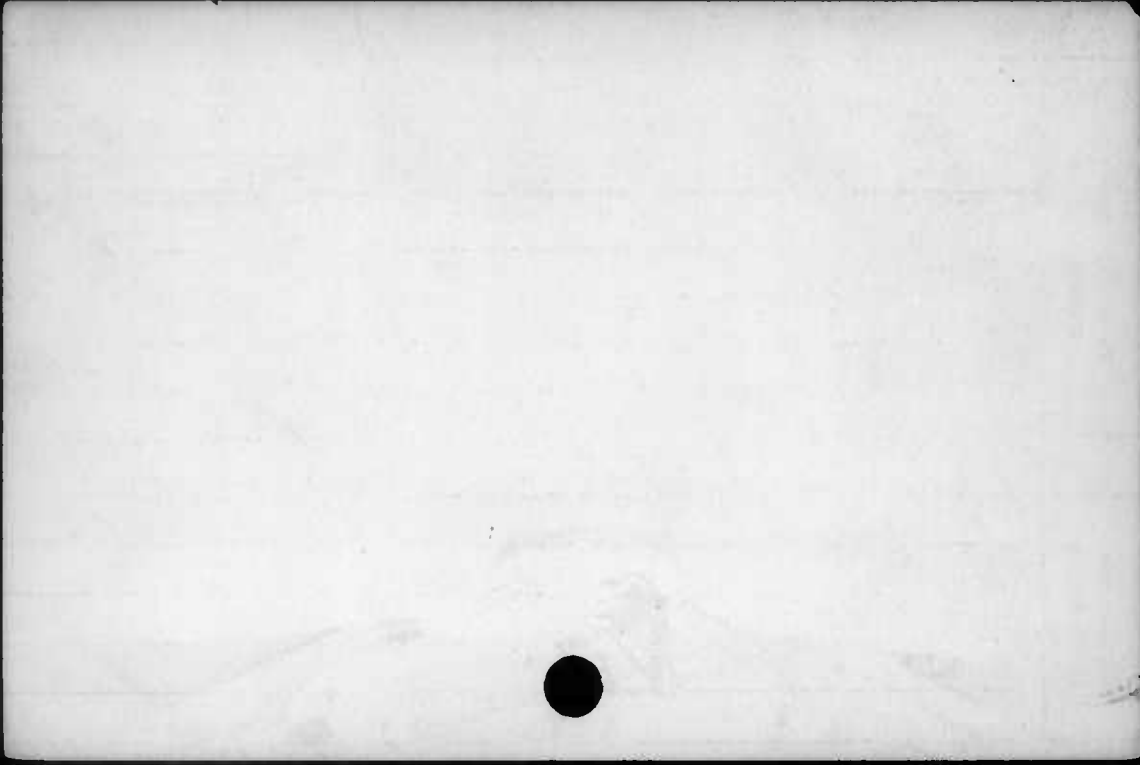
TO BE ANSWERED BY
NEAREST FRIEND

Died at WAYNESBURG			Town		County		MARYLAND		
Date of death 1898		Month June		Day 16		Years 1		Months	Days
Sex MALE		Color or Race WHITE		Birth-place WAYNESBURG					
Occupation NO				Where Residing if not at place of death "					
Married, Single or Widowed NO				Name of Wife or Husband					
Father's Name J. EDWARD BECK				Father's Birthplace LINWOOD MD					
Mother's Maiden Name ANNIE E. WINGERT				Mother's Birthplace WAYNESBURG					
Name of person giving information J. E. BECK				How related to deceased NO					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary SPASM		How long	
Immediate YES		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. A. H. STRICKLER	
		Address WAYNESBURG	
Accident or Suicide?			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

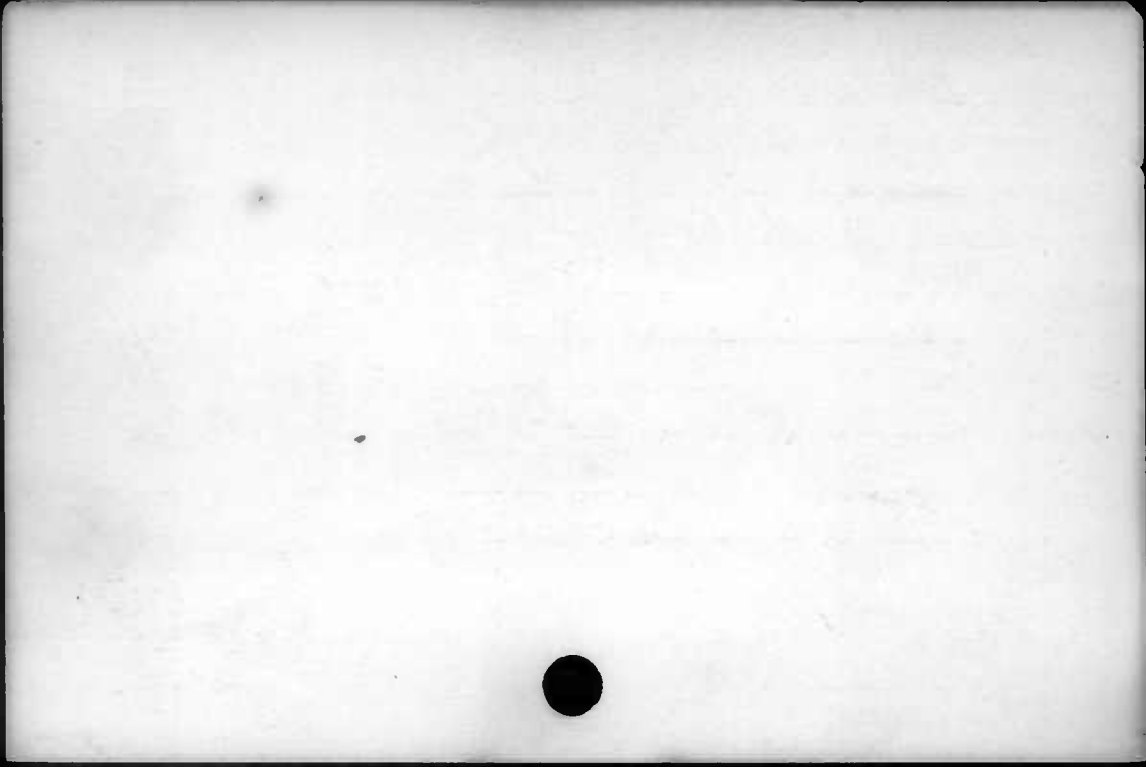
CERTIFICATE OF DEATH

John L. Bickle		Town		County		New York	
Died at Danville		Livingston				MADYLAND	
Date of death 1904		Month Aug		Day 7		Age 57	
Sex male		Color or Race white		Birth-place Md.		Months 5	
Occupation Bank Cashier		Where Residing if not at place of death				Days 17	
Married, Single or Widowed married		Name of Wife or Husband Mrs. Georgia Bickle					
Father's Name Charles Bickle		Father's Birthplace Md.					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information E Blaine Bickle		How related to deceased son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Nervous Exhaustion	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?		



Willbur Bird

Town

County

Died at Cumberland Academy

MARYLAND

Date 19 Sept 21

Month

Day

Y.

M.

D.

Age 23

Native of

Occupation

Pa

Labor

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Single~~~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 189

Husband of

Wife

Father's Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Littleton Bloodworth

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband of

Wife

Father's Name

Mother's Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Primary

Immediate

How long sick

Accident, Suicide, Homicide

P. E. Bost M.D.

Crispfield, Md.



Mary Ann Boergerding

Town

County

Died at

Emmitsburg

Fried R.

MARYLAND

Date 189

July

Month

Day

Y.

M.

D.

Native of

Occupation

Age

43

Religious

Male

White

Married

Widow

Divorced

Female

Yes

Colored

Single

Yes

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

22a

Cause of

Primary

1 1/2 Hrs in Pulmonary

How long sick

Death

Immediate

Hemorrhage Pulmonary

Accident, Suicide, Homicide

Reported by

John B. Boergerding

Address

Emmitsburg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

King Born
Town

Wootton County

MARYLAND

Died at

Date of death 1902 Feb.

Day 11

Age 47

Months

Days 24

Sex Male

Color or Race Colored

Birth-place Unknown

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Unknown

Father's Birthplace Unknown

Mother's Maiden Name Unknown

Mother's Birthplace Unknown

Name of person giving Information

How related to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Louisa Bordley

Town

County

Died at

Chestutown

Kent

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 14 14

Age

73

-

-

Caroline C

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

0

Husband

of

Wife

Father's

Name

John Bordley
Unknown

Mother's

Name

57
Unknown

Cause of

Primary

Mitral Disease

How long sick

3 Years

Death

Immediate

Anasura - Exhaustion

Accident, Suicide, Homicide

Reported by

N. Frank Hines

Address

Chestutown

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Irune Boston

Town

County

St. Anne

MARYLAND

Died at

Month Day

Y. M. D. Native of

Occupation

Date 189

Age

Male White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband of
Wife

Father's
Name

Mother's
Name

Cause of Death { Primary Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by

Address

*Mr. Philstead (Undertaker)
Lanham, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by
Dr. Hammond 5-29
Millersville - Ind

Name In Full

Certificate of Death

Died at

Date 189

Husband
or
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mrs Jane Boston

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

June

6

Age

62

Maryland

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

9

Husband

or

Wife

Name

Mother's

Name

Cause of

Primary

161

How long sick

4 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

Pall Jones

of

Snow Hill

Seen by Coroner

of

Information contained in this certificate received

from

of

No.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITALS

No. ~~16911A~~

who attended any person in a last illness is responsible for the presentation of this Certificate, accurate or other person superintending the burial, within twenty-four hours after the death of said deceased, so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

of Death, *April 11, 1877*

Name of Deceased, {

Write legibly and spell correctly. If an infant not named, give names of parents.

Joseph Postwick

Male or Female, {

Cross out the word not required in this line.

*Male**61*

Years,

9

Months,

White

Sex,

Male

Married, Single, Widow or Widower, {

Cross out the words not required in this line.

Profession, *Labourer*

{ State or country (and how long in the United States, if of foreign birth.)

*A. A. Co*Place of Residence in the City of Baltimore, *31 Yps 9 Mo.*

Cause of Death, {

Give street and number.

Bay View Asylum.

{ First (Primary),

Chronic Pleurisy

{ Second (Immediate),

Exhaustion

Duration of Last Sickness,

Two months

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*Date of Burial, *April 12, 1877*Undertaker, *H. H. Mears*Place of Business, *415 N Gay St*

J. Geo. W. Peacock
J. J. Bartlett M.D. Medical Att

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, and as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Following additional information is requested in relation to the cause of death enumerated below.

Mode of Death.	MALIGNANT PUSTULE—Location and Cause.
INFLAMMATORY—Variety, whether epidemic or simply Inflammatory.	MALFORMATION—Variety.
Circumstances producing Death.	METRITIS—Variety and Cause.
Variety and Seat.	NECROSIS—Seat. Cause and Mode of Death.
Mode of Death.	OVARIAN TUMOR—Mode of Death.
Mode of Death.	PARALYSIS—Variety and Cause.
HEART—Variety. Valves involved.	PERITONITIS—Cause.
Variety and cause.	PHLEBITIS—Cause.
AND GASTRO ENTERITIS—Cause. Whether diarrhoeal or not.	PYÆMIA—Cause. Nature of Injury, if any.
SEAT—Seat and Cause.	PREMATURE BIRTH—Cause. Fœtal age.
CAUSE—Cause and Mode of Death.	PRETERNATURAL BIRTH—Manner of.
SEAT—Seat and Cause.	SYPHILIS—Variety, Chief Location and Mode of.
CAUSE—Cause.	TETANUS—Nature of Injury, if any.
Variety and Mode of Death.	ULÇER—Nature, Chief Location and Mode of De.
Variety and Mode of Death.	WOUNDS—Cause, Variety, Seat and Mode of Deat
CAUSE—Cause and Mode of Death.	ABSCCESS—Cause, Location and Mode of Death.
CUTE—Cause and Mode of Death.	Specify every Surgical operation with fatal result.
AGE—Cause and Mode of Death.	Mention INTEMPERANCE whenever recogn
	having produced or complicated the direct of death.

JAMES A. STEUART, M. D.
Commissioner of Health and Reg

L. Bostick 1891
J. Bostick 1891

Name in Full

Certificate of Death

Thos Lemuel Roswell

Town
T.B.County
P.G.

MARYLAND

Died at

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

11

1

Age

Unknown

Farmer

Male

Yes

White

Yes

Married

Yes

Widow

—

Divorced

—

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Georgie Roswell

Don't know

Mother's

Name

both dead

Cause of

Primary

Epoiser and 34

How long sick

Death

Immediate

Excessive Drunk

Accident, Suicide, Homicide

Reported by

E L Hunt & Son

Address

T.B. 7nd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by Dr.

of

Dr J. N. ^{MD. 20} Lattimer
J. B. Med

Information contained in this certificate received from

J. N. Lattimer
J. B. Med

Caroline Bounch

Town

County

Died at

Near Silsbee Wisconsin

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

July 2

Age

25

Wisconsin Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living Two

~~Husband~~

of

Wife

Father's

Name

Stephen Bounch

Mother's

Name

Uriah Carey Angelina Carey

Cause of

Primary

Dentt knew

How long sick

Death

Immediate

Supposed to be Consumption

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

Gov. L. Hill

22a

Address

Salisbury Md.



Name in Full

Certificate of Death

Tabitha E. Bouch
 Fallula E. Bouch

Died at ^{Town} West Annapolis ^{County} Anne Arundel MARYLAND

Date 189 ^{Month} Nov ^{Day} 12 ^{Age} ^{Y.} ^{M.} ^{D.} ^{Native of} North Carolina ^{Occupation} Housewife

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~
 of
 Wife

Father's Name Mother's Name

Cause of Death { Primary Dysentery 84
 Immediate Aschemia

How long sick 2 weeks

Accident, Suicide, Homicide

Reported by Wm. S. Welch M.D.

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706



Susie Bowman

Town

County

Level

Harford

MARYLAND

Died at

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Nov

8

Age

1-6

Md

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~~~Number of children living~~

Husband

Wife

Father's

Mother's

Name

John Henry Bowman

Name

Mary Lubinska

Cause of

Primary

Catarrhal Croup &c

How long sick

2 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Address

D. L. Sopotnick m.d.
Harford



Name in Full *Nora Rose Porter*
 Died at *Cuttrville* ^{Town} *Queen Anne's* ^{County} *MARYLAND*
 Date 189 *May 2* ^{Month} *2* ^{Day} Age *54 1/11* ^{Y.} ^{M.} ^{D.} Native of *Ind* ^{Occupation} *Laborer*
 Male ☒ White ☐ Married ☒ Widowed ☐ Divorced
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *4*
 Husband of *Mary J. Porter*
 Wife of *22a*
 Father's Name *22a* Mother's Name *22a*
 Cause of Death { Primary *Tuberculosis (Pulmonary)* ^{How long sick} *1 1/2 years*
 Immediate *General Exhaustion* ^{Accident, Suicide, Homicide}
 Reported by *Jas. P. Doralen, M.D.*
 Address *Cuttrville, Md.*



Name in Full

Certificate of Death

Nancy Bonushier,

92

Died at ^{Town} Muhlenberg,^{County} Calvert

MARYLAND

Date 189 Sept. 14 ^{Month Day} Age 65 ^{Y. M. D.} Native of Calvert Occupation Housewife

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living 4

Husband of

Wife

Father's Name

Samuel Thum

Mother's Name

Samuel Thum

Cause of Death { Primary Varicose Ulcers, How long sick 6 wks.
 Immediate Pyæmia 14 Accident, Suicide, Homicide
P. Thum M.D.

Reported by

Address

MuhlenbergCalvert

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Marietta Boyd
 Town County

Died at

Fredricks

Fredricks

MARYLAND

Date 189

Month Day

8 4

Age

Y. M. D.

88. X X

Native of

Occupation

Domestic

~~Male~~

~~White~~

Married

Widow

~~Divorced~~

Female

Colored

~~Single~~

~~Widower~~

~~Number of children living~~

~~Husband~~
 of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

Old Age

141

How long sick

1 Month

~~Accident, Suicide, Homicide~~

Reported by

Address

A. T. Rice & Son's

190 N. Market St City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Interment Aug 7
at Bourneout

A. J. Rice Adams

Wholertakers,

Name in Full

Certificate of Death

Chas. Brandon

Town

County

Died at

Wittman

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

July 21

Age 52

Died by chronic

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband

of

Wife

Father's

Name

120

Mother's

Name

Cause of

Primary

Bright's

How long sick

Death

Immediate

Cerebral

Accident, Suicide, Homicide

Reported by

Address

Joseph B. Lull
Ma. claim paid.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988



Name in Full

Certificate of Death

Howard R. Brauman

Town

County

Died at

MARYLAND

Date

Month Day

Y. M. D.

Native of

Occupation

Date

July 31

Age

11 7

Auman

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

5



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Leopolda Braxton Town *Washington* County *Washington* MARYLAND

Died at *Agester* Month *Day* Year *Months* Days

Date of death 190 *Age*

Sex *Female* Color or Race *Colored* Birthplace *Unknown*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information _____ How related to deceased _____

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary _____ How long _____

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? _____

Signature of Physician _____ Address _____

Accident or Suicide _____



Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by him or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested by the proper authorities. No penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Death, April 31, 1897
Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Rudolph Briedenstiel
Sex, Male, { Cross out the word not required in this line, }
Age, 3 Years, 8 Months, 3 Days.
White

Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Place of Birth, Balto. City, County

Place of Residence in the City of Baltimore, County Since birth
Harford Rd. near Barclay Park

Death, { Give street and number. }
Diphtheritic Croup

Death, { First (Primary), Second (Immediate), }
Apnoea

Duration of Last Sickness, 6 Days

The above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 4th

Name of Undertaker, Geo Schilling

Address of Undertaker, 2305 N. Carroll St.

Signature of Undertaker, Geo Schilling

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the person attending during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the facts are ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The following additional information is requested in relation to the cause of death enumerated below.

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and cause.

ENTERITIS & GASTRO ENTERITIS—Cause. Whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYÆMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Foetal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety, Chief Location & Mode of.

TETANUS—Nature of Injury, if any.

ULCER—Nature, Chief Location and Mode of.

WOUNDS—Cause, Variety, Seat and Mode of.

ABSCCESS—Cause, Location and Mode of Death.

Specify every Surgical operation with fatal result.

Mention INTEMPERANCE whenever recognized

as having produced or complicated the

cause of Death.

JAMES A. STEUART. M.

Commissioner of Health and

Name In Full

Ralph Brington

Certificate of Death

Died at ^{Town} Fairmont ^{County} Somerset MARYLAND

Date 189 ^{Month} March ^{Day} 10 ^{Age} 3 years 4 m ^{Native of} Hillsboro ^{Occupation} Fel

Male ☒ Female ☐ White ☒ ~~Black~~ Married ☒ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living

Husband
of
Wife

Father's Name Jo Brington

Mother's Name Margaret Brington

Cause of Death { Primary ☒ E. W. P. { How long sick 1 Day
Immediate { 8c { Accident, Suicide, Homicide

Reported by Arisia Holman

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. Pickson

of Fairmont

Seen by Coroner

of

Information contained in this certificate received

from Famleg

of Fairmont

Name in Full

Certificate of Death

John To Briscoe

Died at ^{Town} Hereford ^{County} Baltimore.

MARYLAND

Date 19 ^{Month} 22 ^{Day} April, ^{Y.} Sunday ^{Age} 64 ^{M.} — ^{D.} — ^{Native of} Virginia ^{Occupation} Bookkeeper

Male White Married Widow Divorced
~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of Death { Primary
 Immediate } *apoplexy* *42*

How long sick *1 year*
 Accident, Suicide, Homicide

Reported by *A.S. Carman*Address *Hereford Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



NAME
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Hagerstown Washington* *MD* **MARYLAND**
DATE of death 19 *19* **Month** *10* **Day** *10* **Years** *82* **Months** *0* **Days** *0*
AGE *82*
Sex *male* **Color or Race** *Col* **Birth-place** *Col*
Occupation *farmer* **Where Residing if not at place of death** *Col*
Married, Single or Widowed *Married* **Name of Wife or Husband** *Marly Broom*
Father's Name *Samuel Broom* **Father's Birthplace** *Col*
Mother's Maiden Name *Marly Broom* **Mother's Birthplace** *Col*
Name of person giving Information *Samuel Broom* **How related to deceased** *Son*

CAUSES OF DEATH

Primary *old age* **How long** *10 years*
Immediate *old age* **How long** *10 years*

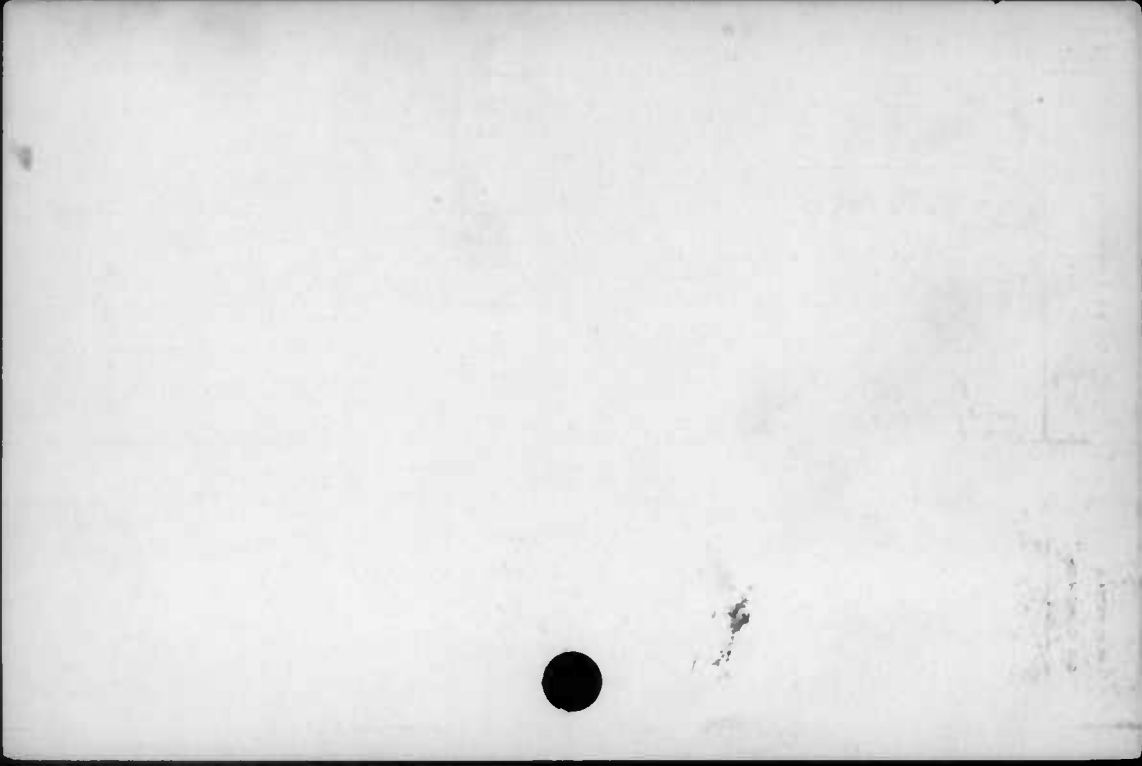
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



NAME
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Nancy Brown

Died at ^{Town} Hagerstown ^{County} Washington MARYLAND
DATE of death 19 ^{Month} ^{Day} ^{Years} 80 ^{Months} ^{Days}

Sex Female Color or Race Colored Birth-place

Occupation Horse wife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Jerry Brown

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving Information Samuel Brown How related to deceased Son

CAUSES OF DEATH

Primary old age How long
Immediate How long

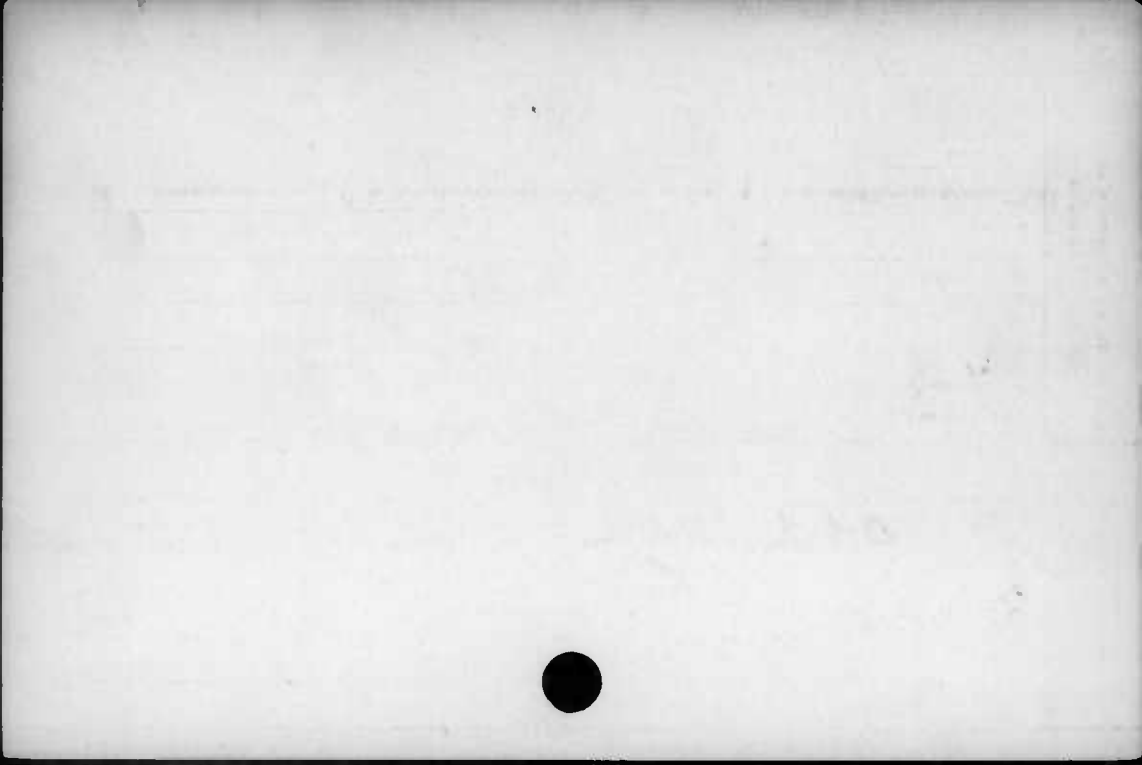
Are the name, age, sex, color, date and place correctly given above? Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

Reinforced



Name in Full

Certificate of Death

Almie Elizabeth Brown

Died at *New* ^{Town} *Pennona*

County

Reich Co

MARYLAND

Date 189 ^{Month} *8* ^{Day} *9* ^{Y.} *20* ^{M.} *20* ^{D.} *20* ^{Native of} *Ind* ^{Occupation} *—*

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~Number of children living *—*

Husband
of
Wife

Father's Name *Wm Elworth Brown*

Mother's Name *Mary Caroline Stokes Brown*

Cause of ^{Primary} *Pneumonia SV*

How long sick

3 weeks

Death ^{Immediate} *Exhaustion - Illness Colitis*

Accident, Suicide, Homicide

Reported by *W Frank Lewis*

Address *Chestertown Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 18888



Name In Full

Certificate of Death

Died at

Date 189

Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mary Jane Brown

Town
Ellicott City
County
Howard

MARYLAND

Month Nov	Day 12	Y. 189	M. 12	D. 4	Native of Ind	Occupation —
Male	White	Married	Widow	Divorced	Number of children living	
Female	Colored	Single	Widower			

Unknown to me
Charles BrownMother's
Name Corrie Randall Brown

Primary	How long sick 4 days
Immediate	Accident, Suicide, Homicide

Reported by J. J. Ryner

Address Ellicott City Ind



Name in Full

Certificate of Death

Mildred Mowbray Brown

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

July 27

Age

58

Md

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

Wife

Father's

Name

Mother's

Name

Mr E. Brown

Mary to Stokes Brown

Cause of

Primary

Gastro-Enteritis

How long sick

Several Days

Death

Immediate

Comminution

Accident, Suicide, Homicide

Reported by

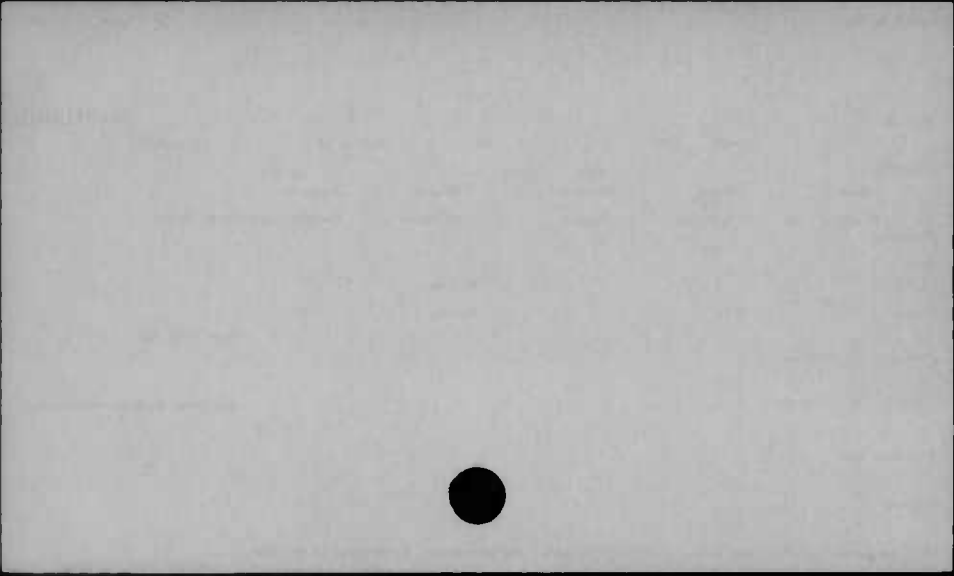
Dr Francis Herries

Address

Chestnut Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968



Name in Full

Certificate of Death

Died at

Date 1899

Male

Husband
ofFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age 35

6

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~Number of children living *none**Annal Brown**James Brown*Mother's
Name*Don't know*

Primary

Immediate

How long sick

Brownian
Accident, Suicide, Homicide*George Schilling**N. W. Desquith & Sons*

LIBRARY BUREAU, 79708

Attended by

Xr. Alex. P. Norris, J.D.
of *Edgewood, Hartford Co.* *and*

Information contained in this certificate re-
ceived from _____

of _____

Name in Full

Certificate of Death

Richard Boyer

Town

County

Died at Chestertown (ms) /

Kent-

MARYLAND

Date 189	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	8.	3	58				ms	Laborer
Male	White	Married	Widow	Divorced				
Female	Colored	Single	Widower	Number of children living				2

Husband of Mrs Hunt

Father's Name Unknown

Mother's Name Unknown

Cause of Death	Primary	Immediate
	Mitral disease 57	Shock - from fright

How long sick
1 year

Accident, Suicide, Homicide

Reported by W. Frank Henries

Address Chestertown ms

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965



James H Burgess

Died at *Port Townsend* Town *Howara* County **MARYLAND**

Date 189 *August 12* Month *August* Day *12* Age *56* Y. M. D. Native of *Maryland* Occupation *Farm*

Male *White* Married *Widow* Divorced *Female* Colored *Single* Widower Number of children living *4*

Husband of *Mary Burgess* Wife
 Father's Name *Richard Burgess* Mother's Name *Helen Burgess*

Cause of Death { Primary *Cancer Stomach* How long sick
 Immediate *Hemorrhage* *256* Accident, Suicide, Homicide

Reported by *M. Webb*

Address *Port Townsend* *Howara & Ma*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Lilly Bengess

Town

County

Died at

Ellicott City Howard Co

MARYLAND

Date 189

Month

Day

Y

M.

D.

Native of

Occupation

12 23

Age

26

-

-

Md

Housekeeper

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of
WifeFather's
Name

John Bengess

Mother's
Name

Sarah Askey Beyer

Cause of

Primary

Tuberculosis

220

How long sick

3 weeks

Death

Immediate

Heart Failure

~~Accident, Suicide, Homicide~~

Reported by

Thos. B. Omis M.D.

Address

Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76898



Name in Full

Certificate of Death

~~4~~ 5829
 Edward R. Burneston

Town

County

Died at

MARYLAND

Died at Craft Dorchester
 Month Day Y. M. D. Native of Occupation
 Date 189 7 Sept 12 Age 76 2 1 Md. Physician
 Male White Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 4

Husband of

~~Wife~~ Lucy P. Burneston

Father's Name William R. Mother's Name Matilda B

Cause of Death { Primary Cerebral Haemorrhage How long sick 12 hours
 Immediate Paralysis of heart. ~~Accident, Suicide, Homicide~~

Reported by

E. A. P. Jones
Craft Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

E. A. P. Jones

of

Crane, Md

Seen by Coroner

of

Information contained in this certificate received

from

E. A. P. Jones

of

Crane, Md.

Name in Full *Elizabeth Bush*
 Died at *Merserville* Town *Washington Co* County *MARYLAND*

Date 189 *April* Month *24* Day Age *72* Y. *6* M. *18* D. Native of *Washington Co* Occupation

~~Male~~ *White* ~~Married~~ *Widow* Divorced
 Female ~~Colored~~ ~~Single~~ Number of children living *5*

Husband of *Henry Bowers*
 Wife

Father's Name *Henry Bowers* Mother's Name *Nancy Bowers*

Cause of Death { Primary *Cancer of stomach* How long sick *8 or 9 months*
 Immediate *256* Accident, Suicide, Homicide

Reported by *David Kelly undertaker*

Address *Ami Plaza* *ind*

Attended by Dr.

Garner
Pharmacist

of

Seen by Coroner

of

Information contained in this certificate received from

Gertrude Jaffer

of

Mondego

Pa de

Name In Full

Certificate of Death

Gideon A. Bussard.

Died at ^{Town} near Urbana

County Frederick

MARYLAND

Date 189 ^{Month} 7 ^{Day} 23 ^{Age} 40 ^{Y.} ^{M.} ^{D.} ^{Native of} Greek Co ^{Occupation} Farmer

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Divorced ☐ Number of children living 7-

Husband of Bertha Skeggs
 Wife
 Father's Name Gideon Bussard. Mother's Name

Reichards

Cause of Death { Primary Meningitis - 39a
 Immediate

How long sick 10 days
 Accident, Suicide, Homicide

Reported by

Address

Flower, Md.
 New Market Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



TO BE ANSWERED BY
NEAREST FR END

Clarice Butler

CERTIFICATE OF

Died at *Ellicott City*County *Howard*

MARYLAND

Date of death *1887* *Sept.*Day *12* Age *1*

Years

Months

Days

Sex *Female*Color or Race *Col*Birthplace *Washington D.C.*

Occupation

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *Walter Butler*Father's Birthplace *Washington D.C.*Mother's Maiden Name *Martha Dorsey*Mother's Birthplace *Washington D.C.*Name of person giving information *Emma Dorsey*How related to deceased *Aunt*

CAUSES OF DEATH

Primary

Cholera Infantum

How long

6 days.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

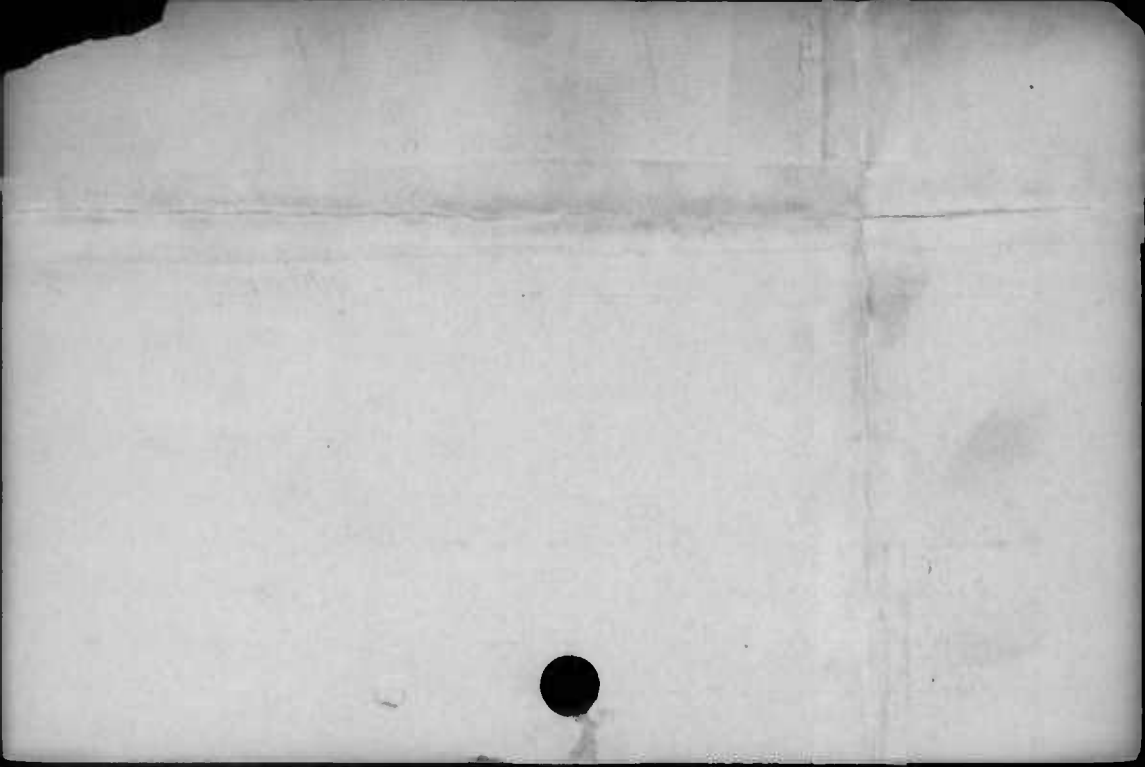
Stephen Hellsinger & Son

Address

Ellicott City

Accident or Suicide?

Undertaker's



Name in Full

Certificate of Death

Mr Basil T Burtan

Died at ^{Town} New Windsor ^{County} Frederick

MARYLAND

Date 1898 ^{Month} July ^{Day} 3 ^{Y.} ^{M.} ^{D.} ^{Native of} Ind Co ^{Occupation}

~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~

^{Female} ~~Colored~~ ^{Single} ~~Widower~~ ^{Number of children living}

Husband
of
Wife

Father's Name

Mother's Name

Cause of Death { Primary ^{Branchitis} 69

Immediate ^{Exhaustion}

Had long sick ^{Breath.}

Accident, Suicide, Homicide

Reported by ^{W. L. McCarver}Address ^{Frederick Md}

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988



Name in Full

Certificate of Death

William T Byrd

Town

County

Died at

MARYLAND

Date 189

Month

Day

M.

D.

Native of

~~Occupation~~

Sept 25

Age

9

2 A Co

Male

~~White~~

Married

Widow

~~Single~~~~Female~~

Colored

Single

Widower

~~Number of children living~~

Husband

of

Wife

Father's
NameMother's
Name

John H Byrd

Hannah Byrd

Cause of

Primary

croup cold

161

How long sick 3 months

Death

Immediate

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

Dawson & Whelby (undertakers)

Address

Centerville 2 A Co 144

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, WASH

No physician in attendance

P.C.I. 7